

**Subcommittee on Africa, Global Human Rights
and International Operations
Prepared Statement of Rep. Christopher H. Smith, Chairman**

Making Safe Blood Available in Africa

June 27, 2006

It is my pleasure to convene this hearing of the Subcommittee on Africa, Global Human Rights and International Operations. Today, the Subcommittee is examining the important issue of the availability of safe blood within the medical systems of sub-Saharan Africa.

My extensive travels to Africa have included visits to HIV/AIDS clinics and other health care facilities, and I have long been concerned about global health issues including HIV/AIDS, malaria, and maternal health. It is disturbing, to say the least, to visit district hospitals in remote areas of Africa that have only one or two pints of blood in their refrigerators and to see rooms filled with expectant mothers and emaciated children experiencing an emergency. One also has to experience a long drive on the narrow, sub-Saharan two-lane highways to appreciate the significant danger of serious road accidents and the resulting need for blood to save the injured. One dodges past overloaded trucks broken down in the middle of the road and passes within feet of adults and children walking on the road's edge, intermingled with goats and other livestock. The increased dangers and

health crises in Africa call for increased means to address them, including adequate and safe supplies of blood.

A medical benefit related to safe blood that I have long promoted is umbilical cord-blood stem cells. On December 20, 2005, the Stem Cell Therapeutic and Research Act of 2005, which I sponsored, was signed into law. This law provides \$265 million for life saving stem cell therapy, cord blood and bone marrow transplant. Today, in America, umbilical cord-blood stem cells and adult stem cells are curing people of a myriad of terrible conditions and diseases.

One of my greatest hopes is that these current-day miracles will become common medical practice and available to tens of thousands of patients, including one day to the peoples of sub-Saharan Africa. This hope is inspired by people who have overcome incredible odds thanks to cord-blood stem cells transplants, like Keone Penn who was born with severe sickle cell anemia. Sickle cell anemia afflicts more than 70,000 Americans and a disproportionate number of African-Americans. It is also a serious problem in Africa. According to a WHO report on sickle cell anemia, in 2005 over 200,000 infants are born each year with sickle cell disease in Africa.

After years of suffering, when no other treatments worked, Keone's

doctors decided as a measure of last resort to perform a transplant with cord blood from an unrelated donor. This was the first time such a transplant had been tried for sickle cell disease, and it proved successful. One year after the transplant, Keone's doctors pronounced him cured.

Cord blood stem cells hold enormous promise, and have already been used to treat thousands of patients of more than 67 diseases. This potential should not be limited to the developed world, but should also be explored for the benefit of the peoples in Africa and around the world.

My good friend and colleague Congressman Chakah Fattah knows of my interest in health issues in Africa, and shares my related interest in cord blood stem cell research and medical treatments. Therefore, I was happy to take up his suggestion that the sub-committee conduct this hearing on the availability of safe blood transfusions in Africa.

In its recent report for FY 2007, the House Appropriations Committee expressed its continued concern about the existence of unsafe blood as a source of HIV infection in the developing world. The report notes that contaminated blood is of particular concern for women who require a blood transfusion to address complications from pregnancy and childbirth and for children whose lives are threatened by anemia.

Based on these concerns, the Committee requested that the Office of

the Global AIDS Coordinator, together with the Agency for International Development, the Department of Health and Human Services and other relevant parties, develop a comprehensive multi-year strategy for the PEPFAR focus countries. The strategy should aim at achieving a sufficient supply of blood for each country's needs, the recruitment of voluntary, non-remunerated blood donors, universal testing of donated blood for infectious diseases, and the reduction of unnecessary transfusions. A separate strategy is requested for non-focus countries that would provide for the standardized operation and control of blood collection, adequate training, documentation and assessment measures.

This hearing is providing the opportunity to examine the extent of the current need in sub-Saharan Africa for an adequate and safe supply of blood. We look forward to hearing from our distinguished witnesses about the challenges as well as the opportunities that this region faces in providing this essential medical service. We also hope to learn about what we need to do to overcome the difficulties and the best means to accomplish our common goal: a safe and adequate supply of blood to meet the needs of the people of Africa.